

**COMMONWEALTH OF KENTUCKY**  
**ANNUAL REPORT TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS**  
**FOR THE YEAR ENDED DECEMBER 31, 2\_\_\_\_\_**

**Of Licensees engaged in the business of making loans of \$15,000 or less under the Kentucky Consumer Loan Act**

NOTE: This long form annual report is required to be filed by all licensees. If a corporation, partnership, or individual operates more than one licensed office in Kentucky a separate sheet form Individual Office Report must be filed for each office. The long form annual report in such instances is to be used as a composite report. The totals of each item on the short form must agree with the aggregate totals for the same interim as reported in the composite report.

Read the Instructions Carefully Before Making up This Report  
Answer every question or write in "None"

**SCHEDULE A**

**GENERAL**

1. Name of Licensee	
(a) Is this a Composite Report?	How Many Offices?
2. License Number	
3. Place of Business	
4. Name of Manager	

**SCHEDULE B**

**Balance Sheets - As Per Books**

	Column 1 End of Present Year	Column 2 End of Preceding Year
5. Net Loan Receivable		
6. Cash in Office and in Banks		
7. Real Estate (Less Reserve for Depreciation-Buildings)		
8. Furniture, Fixtures and Equipment (Less Reserve for Depreciation)		
9. Deferred Charges and Prepaid Expense		
10. Other Assets Used in Consumer Loan Business: (Itemize)		
11. Total Assets Used in Consumer Loan Business		
(Items 5 to 10)		
12. All Other Assets		
13. Total Assets Used in Consumer Loan Business	\$	\$
<b>Liabilities and Capital</b>		
14. Total Liabilities (Exclusive of Capital and Net Worth)	\$	\$
15. Total Capital of Individual Licensed Offices		
16. Total Liabilities and Capital (Same as Item 13)		
Total Amount of Residential Real Estate Loans greater than \$15,000	\$	\$

**SCHEDULE C**

**Statement of Income and Expense for This Report Year For Business under the Kentucky Consumer Loan Act**

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**GROSS INCOME**

17. TOTAL GROSS INCOME

\$ 

18. TOTAL EXPENSES EXCLUSIVE OF INCOME TAXES AND INTEREST PAID

\$ 19. INCOME BALANCE ON WHICH INCOME TAXES ARE TO BE COMPUTED  
(ITEM 17 LESS ITEM 18)\$ 

20. Income Taxes on Item 19 at Average Rate of \_\_\_\_\_%

\$ 21. NET EARNINGS DERIVED FROM CONSUMER LOAN BUSINESS BEFORE  
DEDUCTING COST OF BORROWED FUNDS (ITEMS 19 LESS ITEM 20)\$ 

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**SCHEDULE D****Analysis of Charges**

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22. Charges Collected or Earned During Year

\$ 

23. Average Loan Balance for the Year (See Instructions)

\$ 24. Average Rate per Month (Item 22 divided by Item 23 and the  
result divided by 12)% 

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**SCHEDULE E****Analysis of Delinquent Accounts at End of Year**

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	Number of Accounts	Net Amount of Unpaid Principal Balance
25. Accounts with No Payment Either of Principal or of Charges for:		
a. One Month	<input type="text"/>	\$ <input type="text"/>
b. Two Months	<input type="text"/>	<input type="text"/>
c. Three Months or More	<input type="text"/>	<input type="text"/>
d. Total	<input type="text"/>	\$ <input type="text"/>
26. Number of foreclosures started in the year on residential real estate	<input type="text"/>	\$ <input type="text"/>

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**Affidavit**

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I, \_\_\_\_\_, the undersigned, being the \_\_\_\_\_  
of the \_\_\_\_\_ Licensee, swear (or affirm), that to the best of my knowledge and  
belief that statements contained in this report, including the accompanying schedule and statements (if any), are true and that the same is a true  
and complete statement.

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